

Vaccine products that correspond to multiple CPT/CVX codes

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For CPT™ 1999, the Vaccines/Toxoids section of codes was substantially revised. Multiple vaccine codes for the same vaccine type were created in several cases to reflect differences in formulations, dosages, and immunization schedules. These differences are already generally reflected in the CVX codes for use in the HL7 data transmission standard by immunization registries. In order to assist providers and immunization registry developers in the accurate coding of vaccine products administered, the products currently available in the U.S. for [Haemophilus influenzae type b](#), [hepatitis B](#), [hepatitis A](#), [influenza virus](#), and [typhoid](#) vaccines are listed here and mapped to the appropriate CPT™ 2001 and CVX codes. Questions may be directed to Julie Gamez at fzw4@cdc.gov or (404) 639-8169. Updates to this information will be made available at <http://www.cdc.gov/nip/registry>.

Disclaimer: All attempts have been made to verify the accuracy of this information, but it should not be relied upon for clinical decision-making. No endorsement of the manufacturers or products listed here is implied. CPT™ codes are copyright by the American Medical Association.

Haemophilus influenzae type b (Hib) conjugate vaccines

CPT	CVX	conjugate formulation	schedule	brand name	manufacturer
90645	47	HbOC (diphtheria CRM ₁₉₇ protein/oligosaccharide)	4 doses	HibTITER®	Wyeth-Ayerst
90646	46	PRP-D (diphtheria toxoid)	booster use only	ProHIBit®	Aventis Pasteur Inc.
90647	49	PRP-OMP (outer membrane protein)	3 doses	PedvaxHIB®	Merck &Co., Inc.
90648	48	PRP-T (tetanus toxoid)	4 doses	ActHIB® OmniHIB®	Aventis Pasteur Inc. GlaxoSmithKline

In the Hib CPT code descriptors, information about the schedule is included to help providers identify the correct code. This does not necessarily mean that the number of doses specified is *required* to be given. For children who start the Hib immunization series late, fewer doses may be required. For children who start on time, four doses (at 2, 4, 6, 12-15 months) is the recommended schedule when using HbOC or PRP-T conjugates. Three doses (at 2, 4, 12-15 months) is the recommended schedule when using PRP-OMP conjugates. PRP-D conjugate is only appropriate for the booster dose at 12-15 months.

Hepatitis B vaccines

Engerix-B® (GlaxoSmithKline)				
CPT	CVX	formulation	dosage/volume (schedule)	appropriate for...
90744	08	pediatric/adolescent dose	10 mcg/0.5 mL	all infants, children, and adolescents
90746	43	adult dose	20 mcg/1.0 mL	adults >19 years
90747	44	dialysis or immunosuppressed dose	40 mcg/2.0 mL (4 dose schedule)	adult hemodialysis or immunocompromised

Recombivax HB® (Merck & Co, Inc.)					
CPT	CVX	formulation	dosage/volume (schedule)	color code	appropriate for...
90744	08	<i>pediatric**</i>	<i>2.5 mcg/0.5 mL</i>	<i>brown</i>	<i>normal infants children 1-10 years</i>
90745	42	<i>adolescent/ high-risk infant^^</i>	<i>5 mcg/0.5 mL</i>	<i>yellow</i>	<i>high risk infants adolescents 11-19 years</i>
90744	08	pediatric/adolescent	5 mcg/0.5 mL	yellow	all infants, children, and adolescents 0-19 years
90746	43	adult~~	10 mcg/1.0 mL (3 dose schedule)	green	adults ≥ 20 years
90743	43	adult~~	10 mcg/1.0 mL (2 dose schedule)	green	adolescents 11-15 years
90740	44	adult dialysis or immunosuppressed dose	40 mcg/1.0 mL (3 dose schedule)	blue	adult predialysis/dialysis

*** formulation discontinued as of August 1998*

^^ formulation re-named as of August 1998

~~2 dose schedule, adult formulation, for adolescents was approved by FDA in September 1999

For CPT 2001, CPT code 90743 was added for the the 2-dose schedule of the adult formulation. It is recommended to use CPT code 90743 and CVX code 43 for adolescents who receive the 2-dose schedule of the adult formulation and CPT code 90746 and CVX code 43 for adults who receive the 3-dose schedule of the adult formulation.

Because of the 1998 change by Merck, CPT codes 90744 and 90745 and CVX codes 08 and 42 were ambiguous. CPT code 90745 was deleted in CPT 2000. It is recommended to use CPT code 90744 and CVX code 08 for all pediatric/adolescent Hepatitis B vaccine products.

Hepatitis A vaccines

Havrix® (GlaxoSmithKline)				
CPT	CVX	formulation	dosage/volume	schedule
90632	52	adult	1440 ELU/1.0 mL	2 doses
90633	83	pediatric/adolescent	720 ELU/0.5 mL	2 doses
90634	84	pediatric/adolescent	360 ELU/0.5 mL	3 doses
VAQTA® (Merck & Co., Inc.)				
90632	52	adult	50 U/1.0 mL	2 doses
90633	83	pediatric/adolescent	25 U/0.5 mL	2 doses

Influenza virus vaccines (2000-2001 formulations)

CPT	CVX	formulation	dosage	appropriate for...	brand name	manufacturer
90657	15	split virus	0.25mL	6-35 months	Fluzone®split Fluvirin® Fluogen® Flushield®	Aventis Pasteur Inc. PowerJect Parkedale Wyeth-Ayerst
90658	15	split virus	0.5mL	≥ 3 years	Fluzone®split Fluvirin® Fluogen® Flushield®	Aventis Pasteur Inc. PowerJect Parkedale Wyeth-Ayerst
90659	16	whole virus	0.5mL	> 12 years	Fluzone®whole	Aventis Pasteur Inc.

Typhoid vaccines

CPT	CVX	formulation	brand name	manufacturer
90690	25	Live, Oral, Ty21a capsules	VIVOTIF BERNA®	Berna Products (Swiss Serum and Vaccine Institute)
90691	101	Vi capsular polysaccharide (ViCPs)	TYPHIM Vi®	Aventis Pasteur Inc.
90692	41	Heat- & Phenol-Inactivated (H-P)	generic	Wyeth-Ayerst
90693	53	Acetone-Inactivated/Killed, Dried (AKD)	generic (available only to military)	Wyeth-Ayerst